

ACHN Questions and Answers - Updated 1/23/19

	Issue	Question	Response
1	Participation	According to Medicaid's program briefing, PMPs will now have the choice as to if they participate in the Pivot Program instead of being required as a condition of Patient 1st provider enrollment. Accordingly, providers that choose not to participate in the Pivot Program will only receive the current Medicaid FFS. Please provide information including requirements for PMP enrollment with Medicaid since the existing Patient 1st contact will be invalid.	In addition to the regular Medicaid provider enrollment form, Primary Care Physicians will also be required to complete a PCP Enrollment form. This enrollment form is still under development and will be released closer to implementation of the program. A separate agreement will be required between the PCP and the ACHN entity in order to qualify for bonus payments.
2	Participation	If there is no impact on FQHCs and RHCs, can they still participate with ACHN?	Yes, there will be an opportunity for bonus payments to PCPs based on quality, cost effectiveness and Patient Centered Medical Home (PCMH) recognition if they contract with the ACHN Entity in their region.
3	Participation	We currently have two pediatric board-certified specialists (neurology and pulmonology) who are receiving the enhanced bump rate as they meet the requirements. Will they be able to participate in the ACHN Entity and continue to receive the bump rate? If they are participating, what measures would they have to meet to obtain incentive payments as they do not provide check-ups, immunizations or BMI measures?	Yes. All physicians who meet the current requirements to receive "bump" payments AND actively participate with the ACHN Entity will be eligible to receive the ACHN Participation Rate (which replaces the "Bump" rate).
4	Participation	Do you have to be an FQHC to develop a PIVOT?	No. Any organization interested in participating in the ACHN program must comply with the organizational qualification requirements set by the Agency in the ACHN Program RFP to be issued in the near future.
5	Participation	How do you apply to be an ACHN Entity and what is the selection process?	Any interested organizations must respond to the Response for Proposal (RFP) to be issued in the near future.

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6	Participation	Will practices operating under RHC status continue under their current status if the ACHN Project is approved or will RHCs be replaced?	The RHC will continue under their current status, but will also be encouraged to participate with the ACHN Entity for care coordination services and to be eligible for bonus payments.
7	Participation	Will PMPs employed by a group practice, outpatient clinic, hospital affiliated outpatient clinic, etc. be allowed to participate in the Pivot Program and be eligible for incentive payments?	Yes, there will be an opportunity for bonus payments to PCPs based on quality, cost effectiveness and Patient Centered Medical Home (PCMH) recognition if they contract with the ACHN Entity in their region.
8	Participation	When can we register to be a part of this program?	DHCPs will contract with the ACHN entities when the contract is awarded.
9	Participation	How will this plan affect physicians working through an FQHC?	Physicians working in an FQHC will have an opportunity to receive bonus payments based on quality, cost effectiveness and Patient Centered Medical Home (PCMH) recognition if they contract with the ACHN Entity in their region and actively participate with the ACHN Entity.
10	Participation	Does every provider have to attend the three meetings or can a provider rep attend?	A representative from the group practice must attend, who may be a physician, nurse practitioner, or physician's assistant.
11	Participation	Am I to understand correctly, if you are a solo practioner with no np or assistants, the physician themselves must attend the meeting and cannot send office managers or charge nurses in their place?	This is correct. In order to participate with an ACHN, a PCP, nurse practitioner, or physician assistant must attend at least two Quarterly Medical Management Meetings and participate in a webinar.

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12	Participation	<p>Right now, if a provider has a patient assigned to them, the provider must see that patient until/unless they discharge them. Since the program moves to an attribution model instead of assignment model, will we have an increase in patients, especially older children, who cannot find a physician to accept them? What will we do if patients have a card and no available PCP? This could be a risk to the program should a provider choose not to see more patients if their incentive payout is at risk if they add more patients.</p>	<p>Physicians may continue to choose how many new Medicaid recipients they accept. If the recipient does not currently have a PCP, a care coordinator with the ACHN may assist the recipient in choosing a PCP.</p>
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13	Participation	<p>Under the current system, referrals may be made for conditions reviewed at the EPSDT visit. For complex patients with chronic conditions, referrals are typically made/renewed at the annual EPSDT visit.</p> <p>When a condition necessitating a referral is identified outside of the EPSDT visit, an inter-periodic visit is required. Currently the standard reimbursement for an inter-periodic visit is less than the reimbursement for most office visits and does not take into account the complexity of the visit.</p> <p>IP Question 1. In the proposed system, it is possible for a medically complex patient to go to Practice A for the most complicated care, elect to go to Practice B for just the EPSDT visit (even if Practice A is willing/able to see the patient in a timely fashion), and then return to Practice A to continue management and coordination of the complex conditions. Given the current reimbursement structure for the inter-periodic visit, Practice A would have a financial challenge to continue managing complex patients who elect to obtain the EPSDT elsewhere.</p> <p>I know that both the practices and the networks will stress the importance of continuity of care. In addition, could reimbursement for inter-periodic visits be revised to mirror office and follow-up visits?</p>	<p>Yes, we understand these issues and we are in the process of actively looking at the billing procedures associated with the EPSDT program to address the issues you have raised.</p>
14	Participation	Will Urgent Care facilities and their providers be allowed to participate in the ACHN?	Urgent Care facilities may enroll as a physician group and may participate in the ACHN as a PCP provider.
15	Participation	Will there be a separate RFP for each Region?	Only one RFP will be released, although Vendors may submit a proposal on a region by region basis.
16	Participation	When will the RFP be released?	The Agency plans to release the RFP January 2019.

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17	Participation	If you are part of an alternative payment model (Teaching Physician/FQHC/Etc) are you still eligible to participate in the PCMH and Quality incentives?	Physicians working in FQHCs or RHCs, or physicians who are part of a state university's medical faculty, will have an opportunity to receive bonus payments based on quality, cost effectiveness and Patient Centered Medical Home (PCMH) recognition if they contract with the ACHN Entity in their region and actively participate with the ACHN Entity.